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ABSTRACT

The Preschool Version of the High/Scope Program Quality Assessment (PQA) is a ratings instrument for evaluating the quality of early childhood programs and identifying staff training needs. The assessment was developed for use in all center-based preschool and child care settings, not just those using the High/Scope educational approach. This document is comprised of the PQA's user guide for Head Start, the PQA administration manual, and the PQA assessment form. The Head Start user guide relates the PQA to Head Start performance standards. The administration manual includes information on the PQA's potential uses, directions for administration, and test reliability and validity. The 72-item assessment instrument is organized into 7 sections: (1) learning environment; (2) daily routine; (3) adult-child interaction; (4) curriculum planning and assessment; (5) parent involvement and family services; (6) staff qualifications and staff development; and (7) program management. The assessment form provides space for information on the program and the rater, and provides guidance for making ratings on 5-point scales for each of the 72 items. Anchors are provided for 3 of the 5 points, and space is provided for recording supporting evidence or anecdotes related to each rating. A summary sheet completes the assessment form. (KB)

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High/Scope Program Quality Assessment: PQA-Preschool Version

Head Start User Guide
Administration Manual
Assessment Form

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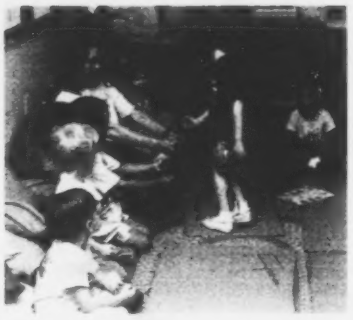

High/Scope Program Quality Assessment

PQA—PRESCHOOL VERSION

Head Start User Guide

The High/Scope PQA and the Head Start Performance Standards and Performance Measures

PS 028315

HIGH/SCOPE
Educational Research Foundation

High/Scope Program Quality Assessment

PQA—PRESCHOOL VERSION

Head Start User Guide

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Head Start Performance Standards and
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INTRODUCTION

The High/Scope Program Quality Assessment (PQA): Preschool Version is an effective tool for rating the quality of center-based Head Start programs and identifying the training needs of Head Start staff. Head Start has always aimed to be a national model of "best practices" in early childhood and family service programs. Similarly, High/Scope's PQA is designed to reflect the field's commonly held positions about best practices. In fact, the revised Head Start Performance Standards (*Federal Register*, 1996) and the Head Start Performance Measures (U.S. Department of Health and Human Services, 1998) were among the key sources that High/Scope referred to in developing the PQA. As a result, the PQA is highly compatible with the goals and strategies of Head Start programs. Because of this compatibility, High/Scope has chosen to use the PQA as a research instrument in a series of nationally funded studies evaluating Head Start programs. Specifically, the PQA is being used to examine staff qualifications and staff development in Head Start and to assess the relationship between program quality and Head Start's effectiveness in promoting children's development (Schweinhart, Epstein, Okoloko, & Oden, 1998).

Like Head Start, the PQA focuses comprehensively on children's learning experiences, parent involvement and family services, staff development, and overall program management. Whether administered as a self-assessment or by a trained outside rater, the PQA can help Head Start programs identify and achieve optimum levels of quality in all these areas. The PQA provides Head Start programs with meaningful data as they conduct required self-assessments, prepare for program reviews and site visits, develop plans for staff training and program development, and generally monitor and strive to improve the quality of their services. Moreover, unlike many compliance measures that rate programs using simple "yes-no" indicators, the PQA measures quality by using a five-point rating scale for each characteristic. It clearly defines, in measurable terms, the conditions and practices that constitute low, moderate, and high-quality implementation. This range allows Head Start programs to pinpoint their current status and to chart progress over time.

To maximize the usefulness of the PQA to Head Start programs, High/Scope has

prepared this *Head Start User Guide* mapping the relationship of specific Head Start program quality indicators to specific items on the PQA. The Guide is organized in the following two sections:

➜ Head Start Performance Standards (HSPS)—This section lists the specific HSPS covered by the PQA and identifies the relevant standards addressed by each item. Many PQA items address more than one standard. The standards covered in whole or in part by the PQA are Definition of Curriculum (1304.3), Child Health and Development Services (1304.20), Education and Early Childhood Development (1304.21), Child Health and Safety (1304.22), Child Nutrition (1304.23), Child Mental Health (1304.24), Family Partnerships (1304.40), Community Partnerships (1304.41), Program Governance (1304.50), Management Systems and Procedures (1304.51), Human Resource Management (1304.52), and Facilities, Materials, and Equipment (1304.53).

➜ Head Start Performance Measures (HSPM)—This section identifies the relevant PQA items addressing each HSPM objective and measure. Most objectives are addressed by more than one item. Because the PQA assesses what Head Start *programs* do, the items primarily address the measures in Objective 3 (*Provide children with educational, health, and nutritional services*), Objective 4 (*Link children and families to needed community services*), and Objective 5 (*Ensure well-managed programs that involve parents in decision-making*). PQA items addressing measures in Objective 1 and 2 are identified in this section; however, measures in Objective 1 (*Enhance children's growth and development*) are designed to be evaluated primarily through child observations and assessments, teacher ratings, and parent interviews, while measures in Objective 2 (*Strengthen families as the primary nurturers of their children*) are designed to be evaluated primarily through extensive interviews with parents.

HEAD START PERFORMANCE STANDARDS

Head Start Performance Standards* Addressed by the High/Scope PQA: Preschool Version

HSPS 1304.3 Definitions

5. The curriculum is consistent with the Head Start Performance Standards and is based on sound child development principles about how children grow and learn. Curriculum means a written plan that includes:
   i. The goals for children's development and learning
   ii. The experiences through which they will achieve these goals
   iii. What staff and parents do to help children achieve these goals
   iv. The materials needed to support the implementation of the curriculum

* Many of the Standards are quoted verbatim. However, for clarity and brevity, some items have been reworded or condensed, without changing the essence of the items.

HSPS 1304.20 Child Health and Developmental Services

(a) Determining child health status
1. Within 90 days of program entry, determine and arrange for ongoing health care.

(b) Developmental, sensory, and behavioral screening
1. Within 45 days of program entry, conduct screening.
2. Obtain guidance from appropriate mental health or child development professional.
3. Use multiple sources of information about child, including family, teachers, and other staff.

(c) Extended follow-up and treatment
1. Establish system of ongoing communication with parents.
2. Assist parents in enabling medication, equipment, or other child health aids.
3. Enable prevention and treatment as recommended by dental professional.
4. Provide related services as specified in Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP).

(d) Ongoing care — Agencies must implement ongoing procedures (including observations from parents and staff) to identify new or recurring medical, dental, or developmental concerns so they can make appropriate referrals.

(e) Involving parents — Agencies must
1. Consult with parents immediately when problems are suspected or identified.
2. Explain diagnostic/testing procedures and results to parents.
3. Talk to parents about how to familiarize children with medical procedures.
4. Assist parents to enroll in system of ongoing family health care.

(f) Individualization of the program
1. Agencies must use information from testing and parental/staff input to determine how to best respond to child's individual needs.

HSPS 1304.21 Education and Early Childhood Development

(a) Child development and education approach for all children
1. To help children be prepared to succeed in their present environment and later responsibilities in school and life, agencies must
   i. Be developmentally and linguistically appropriate.
   ii. Be inclusive of children with disabilities.
   iii. Support and respect gender, culture, language, ethnicity, and family composition.
   iv. Provide daily balance of child-initiated and adult-directed activities, including individual and small-group activities.
   v. Allow and enable children to independently use toilet facilities.
2. Parents must be
   i. Invited to become integrally involved in the development of the program's curriculum and educational approach
   ii. Provided with opportunities to increase child observational skills and share their assessments with staff
   iii. Encouraged to participate in staff-parent conferences and home visits to discuss child's development and education
3. Agencies must support social and emotional development by
   i. Enhancing child's strengths by
      A. Building trust
      B. Fostering independence
      C. Encouraging self-control by setting clear, consistent limits and having realistic expectations
      D. Encouraging respect for the feelings and rights of others
      E. Supporting and respecting child's home language, culture, and family composition
   ii. Planning for routines and transitions so they occur in a timely and predictable manner
4. Agencies must provide for development of children's cognitive and language skills by
   i. Using various strategies (experimentation, inquiry, observation, play, and exploration) to support learning

ii. Ensuring opportunities for creative expression through such activities as art, music, movement, dialogue
iii. Promoting interaction and language use among children and between children and adults
iv. Supporting emerging literacy and numeracy development

5. Agencies in center-based settings must promote physical development by
i. Providing sufficient time, indoor and outdoor space, materials and adult guidance for gross motor development
ii. Providing sufficient time, indoor and outdoor space, materials, and adult guidance for fine motor development

(c) Child development and education approach for preschoolers

1. Agencies in collaboration with parents must implement a curriculum that
i. Supports each child's individual pattern of development and learning
ii. Provides for the development of cognitive skills that form a foundation for school readiness and later school success, including age-appropriate literacy, numeracy, reasoning, problem-solving and decision-making skills
iii. Integrates all educational aspects of health, nutrition, and mental health services into program activities
iv. Helps children develop emotional security and facility in social relationships
v. Enhances child's understanding of self as an individual and as a member of a group
vi. Provides opportunities for success to help children develop feelings of competence, self-esteem, and positive attitudes toward learning
vii. Provides individual and small group experiences both indoors and outdoors
2. Staff must use a variety of strategies to promote learning and development based on observations and ongoing assessment of each child.

HSPS 1304.22 Child Health and Safety

(b) Conditions of short-term exclusion and admittance

1. Agencies must temporarily exclude a child with short-term injury or contagious illness that cannot be readily accommodated in center-based programs if it imposes health or safety risk to child or others.
2. Agencies must request that parents inform them of health or safety needs of child; must share necessary information with staff in accordance with program's confidentiality policy.

(d) Injury prevention

1. Agencies must ensure that staff and volunteers can demonstrate safety practices.
2. Foster safety awareness among children and parents through appropriate program activities.

(e) Hygiene

1. Staff, volunteers, and children must wash hands with soap and running water at following times:
i. Diapering and toilet use
ii. Food preparation and consumption
iii. When hands contaminated with bodily fluids

(f) First-aid kits

1. Readily available and well-supplied, accessible to staff but out of children's reach
2. Restocked after use; inventory conducted at regular intervals

HSPS 1304.23 Child Nutrition

(b) Nutritional services

1. Programs must meet nutritional and feeding needs of children and consider cultural/ethnic preferences.
ii. Children in part-day centers must receive snacks and meals as appropriate.

(c) Meal service—Agencies must contribute to socialization of children by providing that

1. A variety of food is served to broaden children's food experiences.
2. Food is not used as a punishment or reward.
3. Sufficient time is allowed for each child to eat.

4. Eating is family style for preschoolers and staff.
7. Children are involved in food-related activities as developmentally appropriate.

HSPS 1304.24 Child Mental Health

(a) Mental health services
1. Agencies must work collaboratively with parents by
   i. Soliciting parental information, observations, concerns about their child's health
   ii. Sharing staff observations with parents and information about separation and attachment issues
   iii. Discussing with parents appropriate responses to their children's behavior
   iv. Discussing how to strengthen nurturing environments at home and in the program
   v. Helping parents better understand mental health issues
   vi. Supporting parental involvement in mental health interventions

HSPS 1304.40 Family Partnerships

(b) Accessing community services and resources
1. Agencies must work with families to access services and resources that include
   i. Emergency/crisis assistance in food, housing, clothing, transportation
   ii. Education and counseling programs on child abuse/neglect, substance abuse, domestic violence
   iii. Continuing education and employment training

(d) Parent involvement—general
1. Agencies must provide opportunities in policy making, parent involvement, and education.
2. Program settings must be open to parents during all program hours; parents must be welcomed; all parent participation must be voluntary and not a requirement for child's enrollment.
3. Agencies must provide parents with opportunities to participate in the program as employees or volunteers.

(e) Parent involvement in child development and education
1. Agencies must include parents in the development of the curriculum and approach to child development.
3. Agencies must provide opportunities for parents to enhance their parenting skills and understanding of child development.
5. Center-based programs must conduct two home visits and at least two staff-parent conferences per year.

(f) Parent involvement in health, nutrition, and mental health education
1. Agencies must provide education programs in health (medical and dental), nutrition, and mental health.

(g) Parent involvement in community advocacy
1. Agencies must
   i. Support and encourage parents to make community services responsive to their needs
   ii. Establish procedures to provide parents with comprehensive information about community resources.
2. Parents must be provided with regular opportunities to work together on activities of interest to them.

(h) Parent involvement in transition activities
1. Agencies must assist parents in becoming their child's advocate as they transition into the program from home or another child care setting, and from the program to another preschool, child care setting, or elementary school.

(i) Parent involvement in home visits
2. Teachers in center-based programs must make at least two visits per year to home of each enrolled child (unless parent does not permit it).
3. Home visits must be scheduled at times mutually convenient for families and staff.
4. Visits may take place at the program site or another safe location that affords privacy.

HSPS 1304.41 Community Partnerships

(a) Partnerships
  2. Agencies must take affirmative steps with community agencies to support responsiveness to child and family needs.
(c) Transition services
  1. Agencies must establish procedures with child care/school/other agencies to support successful transitions including
    i. Coordination for transfer of records
    ii. Outreach to encourage communication among all relevant staff
    iii. Initiating meetings between parents and teachers
    iv. Initiating joint transition-related activities

HSPS 1304.50 Program Governance

(b) Policy group composition and formation
  7. Parents of enrolled children must be proportionally represented on established policy groups.
(e) Parent committee must carry out at least the following minimal responsibilities:
  1. Advise staff in developing and implementing local policies and activities.
  2. Plan, conduct, participate in formal and informal activities for parents and staff.
  3. Participate in recruitment and screening of employees according to established policies.

HSPS 1304.51 Management Systems and Procedures

(a) Program Planning
  1. Agencies must develop a systematic process of ongoing planning.
(c) Communication with families
  1. Agencies must ensure effective and regular two-way communication between staff and parents.
(e) Communication among staff – Agencies must have a mechanism for communication among staff to facilitate quality outcomes for children and families.
(g) Record-keeping systems – Agencies must establish and maintain record-keeping systems to provide timely, accurate information and to ensure appropriate confidentiality of this information.
(i) Program self-assessment and monitoring
  1. At least once each year, agencies must conduct a self-assessment.

HSPS 1304.52 Human Resource Management

(a) Organizational structure
  1. Agencies must establish and maintain an organizational structure that addresses responsibilities assigned to each staff position and provide evidence of adequate mechanisms for staff supervision and support.
(b) Staff qualifications – general
  1. Agencies must ensure that staff and consultants have knowledge, skills, and experiences needed to perform assigned functions.
  4. Staff and program consultants must be familiar with ethnic background and heritage of families in programs and be able to communicate, to the extent feasible, with children and families with limited English proficiency.
(c) Head Start director qualifications—Director must have demonstrated skills and abilities in a management capacity relevant to human services program management.
(g) Classroom staffing and home visitors
  1. Agencies must meet requirements regarding education and training of classroom staff.
(h) Standards of conduct
  1. Agencies must ensure that staff, consultants, and volunteers abide by standards of conduct that specify
    i. They will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability.

ii. They will follow the program's confidentiality policies.
iii. No child will be left alone or unsupervised while under their care.
iv. They will use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation; they will not employ discipline methods involving isolation, use of food as punishment or reward, or denial of basic needs.

(i) Staff performance appraisals – Agencies must at a minimum perform annual performance reviews for staff members and use results to identify staff training and professional development needs and assist each staff member in improving his/her skills and professional competencies.

(j) Staff and volunteer health – Agencies must ensure that each staff member and volunteer has an initial health and screening examination.

(k) Training and development

1. Agencies must provide an orientation to all new staff, consultants, and volunteers that includes, at minimum, goals and philosophy of Head Start and ways in which they are implemented by the program.
2. Agencies must implement a structured approach to staff training and development, attaching academic credit whenever possible; this system should be designed to help build relationships among staff and assist staff in acquiring and increasing knowledge and skills needed to fulfill their job responsibilities.

HSPS 1304.53 Facilities, Materials, and Equipment

(a) Head Start physical environment and facilities

1. Agencies must provide a physical environment and facilities conducive to learning and reflective of different stages of children's development.
2. Agencies must provide appropriate space for conduct of all program activities.
3. Center space must be organized into functional areas that can be recognized by children and that allow for individual activities and social interactions.
5. Centers must have at least 35 sq. ft. of usable indoor space and 75 sq. ft. of usable outdoor space per child.
7. Agencies must provide for maintenance, repair, safety, and security of all facilities, materials, and equipment.
8. Agencies must provide a center-based environment free of toxins.
9. Outdoor play areas must be arranged to prevent children from leaving premises; no unsupervised exposure to traffic areas en route to/from program.
10. Agencies must conduct safety inspections at least annually regarding space, light, ventilation, heat, and other physical arrangements consistent with children's health and safety needs.

(b) Head Start equipment, toys, materials, and furniture

1. Agencies must provide/arrange sufficient equipment, toys, materials, and furniture to facilitate participation of children and adults. Such equipment must be
   i. Supportive of specific educational objectives of local program
   ii. Supportive of cultural and ethnic backgrounds of children
   iii. Age-appropriate, safe, and supportive of abilities and developmental level of each child, with necessary adaptation for children with disabilities
   iv. Accessible, attractive, and inviting to children
   v. Designed to provide a variety of learning experiences and encourage each child to experiment and explore
   vi. Safe, durable, and kept in good condition
   vii. Stored in safe and orderly fashion when not in use

The Relationship of the High/Scope PQA to the Head Start Performance Standards

PQA ITEM	RELEVANT HEAD START PERFORMANCE STANDARDS		
I. LEARNING ENVIRONMENT			
A. Safe and healthy environment	1304.22 (d, e, f)	1304.53 (a, b)	
B. Defined interest areas	1304.53 (a)		
C. Logically located interest areas	1304.53 (a)		
D. Outdoor space, equipment, materials	1304.21 (a, c)	1304.53 (a)	
E. Organization and labeling of materials	1304.21 (a, c)	1304.53 (b)	
F. Varied and open-ended materials	1304.21 (a, c)	1304.53 (b)	
G. Plentiful materials	1304.21 (a, c)	1304.53 (b)	
H. Diversity-related materials	1304.21 (a)	1304.53 (b)	
I. Displays of child-initiated work	1304.21 (a, c)		
II. DAILY ROUTINE			
A. Consistent daily routine	1304.21 (a, c)		
B. Parts of the day	1304.21 (a, c)		
C. Appropriate time for each part of day	1304.21 (a, c)		
D. Time for child planning	1304.21 (a, c)		
E. Time for child-initiated activities	1304.21 (a, c)		
F. Time for child recall	1304.21 (a, c)		
G. Small-group time	1304.21 (a, c)		
H. Large-group time	1304.21 (a, c)		
I. Choices during transition times	1304.21 (a, c)		
J. Clean-up time with reasonable choices	1304.21 (a, c)		
K. Interaction during snack or meal time	1304.21 (a, c)	1304.23 (c)	
L. Outside time	1304.21 (a, c)		
III. ADULT-CHILD INTERACTION			
A. Meeting basic physical needs	1304.21 (a, c)	1304.23 (b, c)	1304.52 (h)
B. Handling separation from home	1304.21 (a, c)	1304.24 (a)	1304.40 (e)
C. Warm and caring atmosphere	1304.21 (a, c)	1304.52 (h)	
D. Support for child communication	1304.21 (a, c)		
E. Support for non-English speakers	1304.21 (a, c)	1304.52 (b, g)	
F. Adults as partners in play	1304.21 (a, c)		
G. Encouragement of child initiatives	1304.21 (a, c)		
H. Opportunities for child explorations	1304.21 (a, c)		
I. Acknowledgment of child efforts	1304.21 (a, c)		
J. Encouragement for peer interactions	1304.21 (a, c)		
K. Independent problem-solving	1304.21 (a, c)		
L. Conflict resolution by children	1304.21 (a, c)		
IV. CURRICULUM PLANNING AND ASSESSMENT			
A. Curriculum model	1304.03 (5)	1304.21 (a, c)	1304.51 (a)
B. Team teaching	1304.51 (e)	1304.52 (g)	
C. Comprehensive child records	1304.51 (g)		
D. Anecdotal note-taking by staff	1304.21 (a, c)		
E. Use of child observation measure	1304.21 (a, c)		
V. PARENT INVOLVEMENT AND FAMILY SERVICES			
A. Opportunities for involvement	1304.21 (a)	1304.40 (d-i)	
B. Parents on policy-making committees	1304.40 (d)	1304.50 (b, e)	
C. Parent participation in child activities	1304.21 (a)	1304.40 (d, e)	1304.51 (c)

PQA ITEM	RELEVANT HEAD START PERFORMANCE STANDARDS		
D. Sharing of curriculum information	1304.21 (a)	1304.40 (d, e)	1304.51 (c)
E. Staff-parent informal interactions	1304.21 (a)	1304.40 (d, e)	1304.51 (c)
F. Extending learning at home	1304.21 (a)	1304.40 (d, e)	1304.51 (c)
G. Formal meetings with parents	1304.21 (a)	1304.40 (d, e, i)	1304.51 (c)
H. Diagnostic/special education services	1304.20 (a–f)	1304.24 (a)	
I. Service referrals as needed	1304.24 (a)	1304.40 (b)	1304.41 (a)
J. Transition to kindergarten	1304.40 (h)	1304.41 (c)	
VI. STAFF QUALIFICATIONS AND STAFF DEVELOPMENT			
A. Program director's education	1304.52 (a, b, c)		
B. Program director's experience	1304.52 (a, b, c)		
C. Instructional staff's education	1304.52 (b, g)		
D. Head teacher's experience	1304.52 (b, g)		
E. Assessment to identify training needs	1304.51 (i)	1304.52 (k)	
F. Ongoing professional development	1304.52 (k)		
G. Inservice specific to child development	1304.52 (k)		
H. Inservice combining theory and practice	1304.52 (k)		
I. Continuity of trainer	1304.52 (k)		
J. Participatory, hands-on inservice	1304.52 (k)		
K. Opportunities for reflection and sharing	1304.52 (k)		
L. Observation and feedback	1304.52 (a, i)		
M. Supervision of supplementary staff	1304.52 (i, j)		
N. Professional organization affiliation	1304.52 (k)		
VII. PROGRAM MANAGEMENT			
A. No more than 8 children per adult	1304.52 (g)		
B. Continuity in instructional staff	1304.52 (g)		
C. Recruitment and enrollment plan	1304.51 (a)		
D. Attendance policy	1304.22 (b)		
E. Confidentiality policy	1304.51 (g)	1304.52 (h)	
F. Accessibility for those with disabilities	1304.21 (a)	1304.53 (a)	
G. Funds to equip and maintain classroom	1304.53 (a, b)		
H. Funds to hire appropriate staff	1304.52 (b)		
I. Funds to support staff development	1304.52 (k)		
J. Funds to support parent involvement	1304.40 (d-i)		

HEAD START PERFORMANCE MEASURES

Head Start Performance Measures Addressed by the High/Scope PQA: Preschool Version

Ultimate Goal:
To bring about a greater degree of social competence in preschool children from low-income families.

Objective 1. Enhance children's growth and development

1. Head Start children demonstrate improved emergent literacy, numeracy, and language skills.
2. Head Start children demonstrate improved general cognitive skills.
3. Head Start children demonstrate improved gross and fine motor skills.
4. Head Start children demonstrate improved positive attitudes toward learning.
5. Head Start children demonstrate improved social behavior and emotional well-being.
6. Head Start children demonstrate improved physical health.

Objective 2. Strengthen families as the primary nurturers of their children

7. Head Start parents demonstrate improved parenting skills.
8. Head Start parents improve their self-concept and emotional well-being.
9. Head Start parents make progress toward their educational, literacy, and employment goals.

Objective 3. Provide children with educational, health, and nutritional services

10. Head Start programs provide developmentally appropriate educational environments.
11. Head Start staff interact with children in a skilled and sensitive manner.
12. Head Start programs support and respect children's cultures.
13. Head Start assures children receive medical, dental, and mental health services.
14. Head Start children receive meals and snacks that meet their daily nutritional needs.
15. Head Start programs provide individualized services for children with disabilities.

Objective 4. Link children and families to needed community services

16. Head Start parents link with social service agencies to obtain needed services.
17. Head Start parents link with educational agencies to obtain needed services.
18. Head Start parents link with health care services to obtain needed care.
19. Head Start parents secure child care in order to work, go to school, or gain employment training.

Objective 5. Ensure well-managed programs that involve parents in decision-making

20. Head Start programs are well-managed.
21. Head Start parents are actively involved in decisions about program operations.
22. Head Start programs employ qualified staff.
23. Head Start programs support staff development and training.
24. Head Start programs comply with Head Start regulations.

The Relationship of the High/Scope PQA to the Head Start Performance Measures

HEAD START PERFORMANCE MEASURE	RELEVANT PQA ITEMS
Objective 1. Enhance children's growth and development[1]	
1. Head Start children demonstrate improved emergent literacy, numeracy, and language skills.	II: D, F, G, H III: D, E
2. Head Start children demonstrate improved general cognitive skills.	II: D, F, G, H III: H, K
3. Head Start children demonstrate improved gross and fine motor skills.	II: G, H, L
4. Head Start children demonstrate improved positive attitudes toward learning.	II: D, E, F III: G, H, I, K
5. Head Start children demonstrate improved social behavior and emotional well-being.	II: K III: B, J, K, L
6. Head Start children demonstrate improved physical health.	IV: C V: H
Objective 2. Strengthen families as the primary nurturers of their children[2]	
7. Head Start parents demonstrate improved parenting skills.	V: C, D, E, F, G
8. Head Start parents improve their self-concept and emotional well-being.	V: A, B, I
9. Head Start parents make progress toward their educational, literacy, and employment goals.	IV: C V: J VI: M
Objective 3. Provide children with educational, health, and nutritional services	
10. Head Start programs provide developmentally appropriate educational environments.	I: A, B, C, D, E, F, G, H, I II: A, B, C, D, E, F, G, H, I, J, K, L III: D, G, H, J, K, L IV: A, D, E VII: A, G
11. Head Start staff interact with children in a skilled and sensitive manner.	I: H, I II: K III: A, B, C, D, E, F, G, H, I, J, K, L IV: D, E
12. Head Start programs support and respect children's cultures.	I: H III: E
13. Head Start assures children receive medical, dental, and mental health services.	IV: C V: I
14. Head Start children receive meals and snacks that meet their daily nutritional needs.	III: A
15. Head Start programs provide individualized services for children with disabilities.	V: H VII: F

[1] Objective 1 is designed to be measured primarily through child observation and assessment, teacher ratings, and parent interviews, rather than by the PQA.

[2] Objective 2 is designed to be measured primarily through parent interviews, rather than by the PQA.

HEAD START PERFORMANCE MEASURE	RELEVANT PQA ITEMS
Objective 4. Link children and families to needed community services	
16. Head Start parents link with social service agencies to obtain needed services.	IV: C V: I
17. Head Start parents link with educational agencies to obtain needed services.	IV: C V: H, I, J
18. Head Start parents link with health care services to obtain needed care.	IV: C V: H, I
19. Head Start parents secure child care in order to work, go to school, or gain employment training.	IV: C V: I
Objective 5. Ensure well-managed programs that involve parents in decision-making	
20. Head Start programs are well-managed.	IV: A, B, C, D, E VI: E, L, M VII: A, B, C, D, E, G, H, I, J
21. Head Start parents are actively involved in decisions about program operations.	V: A, B, C, D, E, F, G VII: J
22. Head Start programs employ qualified staff.	VI: A, B, C, D, M VII: A, B, H
23. Head Start programs support staff development and training.	VI: E, F, G, H, I, J, K, L, M, N VII: I
24. Head Start programs comply with Head Start regulations.	IV: C VI: E VII: C, D, E

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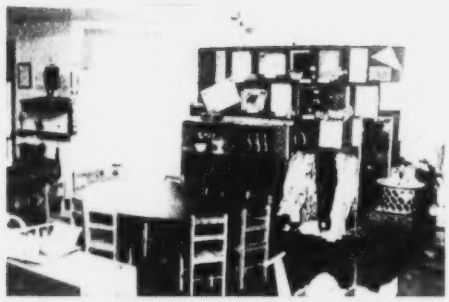

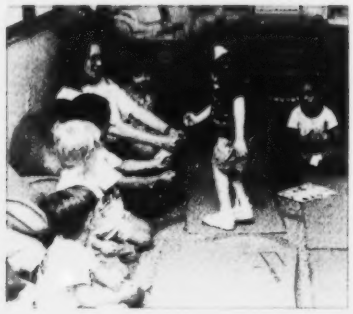

High/Scope Program Quality Assessment

PQA—PRESCHOOL VERSION

Administration Manual

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High/Scope Program Quality Assessment

PQA—PRESCHOOL VERSION

Administration Manual

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INTRODUCTION

Purpose of the PQA

The High/Scope Program Quality Assessment (PQA): Preschool Version is a rating instrument for evaluating the quality of early childhood programs and identifying staff-training needs.[1] It was developed by the High/Scope Educational Research Foundation for use in all center-based preschool and child care settings, not just those using the High/Scope educational approach. As such, the PQA intentionally reflects "best practices" in the early childhood field as a whole. That is, the items consolidate what current theory, decades of practice, and ongoing research tell us about the environments and interpersonal relationships that best promote the development of young children, encourage the involvement of families, and create supportive working environments for staff.

The PQA is a comprehensive tool examining all aspects of program implementation, from the physical characteristics of the setting to the nature of adult-child interaction to program management. This comprehensiveness reflects a growing consensus that the assessment of program quality should not be based on a single type of data but requires a multidimensional approach (Fiene & Melnick, 1991). To be complete, a measure of program quality must include both the structural information used to determine compliance with licensing regulations and the dynamic information that captures children's experiences in the physical and interpersonal learning environment. By employing a combination of observational and interview techniques, the PQA encompasses both these dimensions.

The PQA can be administered by trained independent raters conducting research and evaluation, or it can be used as a self-assessment by agencies interested in identifying program strengths and areas for improvement. Based on classroom observations and interviews with teaching and administrative staff, raters assess a broad array of program characteristics by using an objective five-point scale for each characteristic. To assist raters in making valid and reliable assessments, the endpoints and midpoint of each scale are clearly defined and

[1] The Program Quality Assessment (PQA) is a revision and expansion of the High/Scope Program Implementation Profile (PIP) (High/Scope Educational Research Foundation, 1989). The PQA reflects updated knowledge about the learning environment, daily routine, and adult-child interaction and greatly expands coverage of curriculum planning and assessment, work with families, staffing and training, and program management. In addition, the PQA is a generic instrument, while the PIP focused specifically on the implementation of High/Scope's early childhood approach.

illustrated with examples. Unlike compliance measures that typically permit only "yes-no" responses to items, the PQA defines program quality along a continuum. The five-level scales given for each item allow raters to indicate with greater specificity where a program is and what it needs to do to achieve maximum quality. The PQA thus permits program quality to be measured both with breadth and precision.

Organization of the PQA

The PQA has 72 items organized into seven sections that together cover all the areas essential to evaluating the quality of early childhood programs:

I. Learning Environment (9 items)
II. Daily Routine (12 items)
III. Adult-Child Interaction (12 items)
IV. Curriculum Planning and Assessment (5 items)
V. Parent Involvement and Family Services (10 items)
VI. Staff Qualifications and Staff Development (14 items)
VII. Program Management (10 items)

Each item is scored using a five-point rating scale extending from a low (*1*) to a high (*5*) level of quality. Examples are provided for ratings of *1*, *3*, and *5*; the points in between (*2* and *4*) give the rater additional flexibility in assigning scores. Below each item, space is provided for recording supporting evidence and anecdotes about the settings, activities, individuals, and interactions assessed. The Learning Environment section provides a blank page for drawing a diagram of the room, while the Daily Routine section includes a page for listing both the posted schedule and the actual schedule observed. At the end of the PQA Assessment Form is a Summary Sheet for entering the scores for all 72 items and calculating the total and average PQA scores.

POTENTIAL USES OF THE PQA

The PQA has widespread applicability as a tool for training, monitoring, observation and feedback, and research and evaluation. The results can be shared with administrators, staff, parents, and funders associated with the program, as well as with early childhood practitioners and researchers in the field as a whole. Findings from the PQA can be used to define and illustrate best practices, to focus attention on program development issues in preservice and inservice training, to examine the relationship between program practices and children's development, and to point to promising policy initiatives and investments for improving the quality of early childhood programs.

Training

The PQA can be used in both preservice and inservice training. The instrument can be used in its entirety to provide students with a comprehensive picture of all the components of quality, or it can be used a section at a time to focus on specific elements of program implementation. The detailed examples in each item provide students with concrete examples of what best practices "look like" in actual programs. Users often comment that the PQA gives

definition to the term *developmentally appropriate practice* by translating an ideal into specific strategies for implementation. Even experienced teachers find that the depth and specificity of the instrument help them reconsider long-established practices from a new perspective.

Self-Assessment and Monitoring

The PQA is a valuable tool for administrative and instructional staff to use in assessing their own practices and identifying areas for further development and training. It can also be used by agency supervisors, or by others responsible for quality control, to monitor program implementation at a single site or across multiple sites. Because the PQA is objective and quantitative, it can be used to set program goals in one or more areas and to provide a numerical and anecdotal record of progress toward these goals.

Observation and Feedback

The PQA is an excellent resource for providing supervision through observation and feedback. A staff member and supervisor might, for example, agree to focus on one or more aspects of implementation covered in the PQA. The supervisor would then observe in the program setting, record detailed notes and make ratings, and discuss these with the staff member. Together, they could assess strengths and areas for improvement, with the PQA providing concrete examples of how implementation can progress along the rating continuum.

Research and Evaluation

The PQA has been used extensively as a research tool to document program practices, compare quality in different program settings, and examine the relationship between program quality and children's development. (See page 6 for a discussion of the PQA's reliability and validity). This tool can also be used to evaluate the effectiveness of staff development by assessing program quality in one or more areas before and after the relevant inservice training activities.

Information and Dissemination

Because of its straightforward language and detailed examples, the PQA can be used to explain the meaning of *best practices* or *developmentally appropriate practice* to a variety of individuals and agencies. Potential audiences include administrators and policymakers, particularly those new to the early childhood field, who need help identifying the elements of high-quality programs. Support staff can also benefit from becoming familiar with the PQA as a way of better understanding the practices and the requests of the instructional staff. The PQA is an effective tool for sharing program practices with parents and helping them understand comparable environments and interactions they can establish at home. Results of the PQA can be easily communicated to researchers, and the instrument's accessibility makes it possible for others to replicate and extend the lessons learned about effective program practices.

DIRECTIONS FOR ADMINISTERING THE PQA

Who Completes the PQA

The PQA can be completed by a trained, independent rater such a researcher, program evaluator, consultant, or agency administrator. It may also be completed as a self-assessment by site staff such as directors, early childhood specialists, curriculum coordinators, individual teachers or teaching teams, or parents. The PQA can be used by these raters to highlight program strengths and to identify problems requiring the revision of policies, program planning, or staff development.

Time Period for Completing the PQA

Raters, whether from outside or inside the program, should conduct a comprehensive program observation and review. It is recommended that independent raters spend at least one full day reviewing a program before completing the ratings, allocating half the day to observing in the classroom (Sections I, II, and III) and half to conducting the interviews (Sections IV, V, VI, and VII). If more than one classroom in a center or agency is to be rated, the rater should observe in each classroom for one-half day (Sections I, II, and III) and interview the head teacher in each classroom (Sections IV and V). The interview with the director (Sections VI and VII) need only be conducted once if the same information applies to all classrooms in that center or agency.

Determining What PQA Rating to Give

To complete the PQA Assessment Form, **circle only one numerical rating for each of the items**. Ratings are clearly defined at levels *1*, *3*, and *5*. Ratings of *2* and *4* should be used for gradations between these points, that is, when program quality falls between the defined levels. The following general rules apply to the ratings:

- Use a rating of *1* for behavior or situations characterized by the words *never* or *rarely*, *none* or *few*, *little*, *infrequently*, and so on.
- Use a rating of *3* for behavior or situations characterized by the words *half the time*, *half the requirements*, *sometimes*, *some*, and so on.
- Use a rating of *5* for behavior or situations characterized by the words *always* or *almost always*, *all* or *most*, *regularly*, *consistently*, *frequently*, and so on.

Following each item is space to write down **supporting evidence and anecdotes;** use this documentation to explain the rating and, if appropriate for monitoring or training, to indicate any action plans or follow-up activity.

Try to complete *all the items*. Only if the relevant information cannot be obtained through all available methods should the rater check **"not observed or reported."**

The rater should compile all supporting evidence and anecdotes before completing the PQA ratings. The ratings should be completed as soon as possible after the observation and interview period. If the PQA is being conducted as an independent assessment, the rater should complete the ratings after leaving the site, even though the results may later be shared

with site staff. Completing the ratings on the spot can promote anxiety and a fixation on "numbers" among the staff being observed and interviewed. It can also interfere with the rater's ability to objectively review the supporting evidence and anecdotes and to deliberate about the appropriate rating to assign.

Completing the PQA as an Independent Assessment

Observation items. To complete the observation items (Sections I, II, and III), the rater observes in the classroom, writes supporting evidence and anecdotes, and circles one rating for each item. Where necessary, the rater may ask program staff (for example, the teacher) for additional information to supplement what can be observed.

Interview items. To complete the interview items (Sections IV, V, VI, and VII), the rater begins by saying the following to the appropriate staff member:

> Interviewer [At the Beginning of Each Section]: *"I'm going to read you a series of statements about (curriculum planning and assessment/parent involvement/etc.). Please tell me to what extent and in what ways each statement is true or not true of your program. Give me examples."*

The rater then reads the main statement at the top of the item (not the descriptors under *1*, *3*, and *5*) and writes down the respondent's answers in the "Supporting Evidence/Anecdotes" section. (If the main statement is long or detailed, it is acceptable for the rater to repeat it.) When the respondent's answer is unclear, the rater uses probe(s) as needed:

> Interviewer: *"Can you tell me more about _____?"* [Ask respondent to specify the missing or unclear piece of information, for example, *"How many years did you do that?"* or *"What is the name of the instrument you use?"*]

If the person being interviewed cannot answer one or more questions but knows another individual in the program who can, it is acceptable to use information from the other person to complete the rating. For example, the teacher may refer the rater to the parent coordinator to answer questions related to parent involvement. Or the director may refer the rater to the curriculum specialist to answer questions on staff development.

Completing the PQA as a Self-Assessment

Observation items. To complete the observation items (Sections I, II, and III), the rater writes supporting evidence and anecdotes describing the program, refers to the examples provided, and circles one rating for each item. Where necessary to supplement what he or she knows about the program, the rater may ask other staff members (for example, the curriculum specialist) for additional information.

Interview items. To complete the interview items (Sections IV, V, VI, and VII), the rater writes supporting evidence and anecdotes describing the program, refers to the examples provided, and circles one rating for each item. Where necessary to supplement what he or she knows about the program, the rater may ask other staff members (for example, the social services coordinator) for additional information.

Completing the PQA Summary Sheet

At the end of the PQA Assessment Form is a Summary Sheet. To complete it, the rater transfers the numerical rating (*1, 2, 3, 4,* or *5*) from each item on the assessment form to the corresponding item on the summary sheet. If an item was not rated, the rater enters "NR." At the bottom of the sheet, the rater indicates the number of items not rated and subtracts these from 72 (the full number of items) to compute the number of items rated. The total PQA score is calculated by adding the scores for all the items. A separate score may also be calculated for each section. To compute the average PQA score, the rater divides the total score by the number of items rated.

RELIABILITY AND VALIDITY OF THE PQA

The PQA has been used extensively as a research tool by trained, independent raters and also as a self-assessment tool by early childhood practitioners. An early version of the PQA, the High/Scope Program Implementation Profile (PIP), was used in the *Training for Quality* study, a national evaluation of 366 classrooms and 201 children in diverse early childhood settings (Epstein, 1993). The PQA was expanded to its current comprehensive form in the High/Scope *Michigan School Readiness Program Evaluation* (High/Scope Educational Research Foundation, 1997). As part of this statewide evaluation of programs for at-risk 4-year-olds, trained independent observers completed the PQA in 49 preschool classrooms, 642 teachers and program administrators used the PQA as a self-assessment, and 229 program children were assessed using a variety of observational and rating instruments at kindergarten. The Michigan Department of Education adopted the PQA as the official monitoring tool of its early childhood consultants and requires that all directors and teachers in the statewide at-risk preschool program complete the PQA as an annual self-assessment. In addition, the PQA was adapted and used by the High/Scope Head Start Quality Research Center in its *Head Start Staff Development Study* (Schweinhart, Epstein, Okoloko, & Oden, 1998) that includes observational assessments of 44 classrooms and 155 children. All these research and evaluation efforts have provided much data on the PQA's reliability and validity in relation to other indicators of program quality and young children's developmental progress. The significant findings[2] throughout these studies attest to the PQA's strength as a reliable and valid assessment instrument.

Reliability

Training to acceptable levels of interrater reliability on the PQA takes three days. The first two days are used to review and practice with the PQA; the third day is used to determine interrater reliability. Trainees are first given an overview of the instrument and its uses. During training, they view videotapes and observe early childhood programs, practice writing supporting evidence and anecdotes, and discuss how they would score the PQA items. Trainees then score practice forms based on pre-written evidence and anecdotes and compare their

[2] Significance throughout this manual is defined as $p \leq .05$.

ratings to the "standard" scores assigned by trained raters. Differences are discussed until trainees understand the criteria for scoring all the items. At the end of the training, trainees observe and interview staff in actual program settings and complete all the PQA items. Their ratings are then compared to those of the staff trainer(s) to compute interrater reliability.

Interrater reliability, defined as the percentage of agreement between the trainer and trainees, is computed in two ways: as exact agreement (the trainer and trainee give the same numerical rating) and close agreement (the trainer and trainee give ratings within one point of each other). In all the studies where the PQA or its predecessor, the PIP, have been used, interrater reliability has been very high. In Training for Quality, the 25 observers reached an average exact agreement of 89.5% and an average close agreement of 98.6% on the PIP. Among the 18 PQA observers in the Michigan School Readiness Program Evaluation and the 8 PQA observers in the Head Start Staff Development Study, exact agreement averaged 79.4% and close agreement averaged 96.7%. Table 1 contains the average interrater reliability figures for the 26 observers in the latter two studies, using items comparable to the current version of the PQA. These figures indicate that the PQA can be used with confidence by trained observers to examine the quality of early childhood settings.

TABLE 1. PQA INTERRATER RELIABILITY

PQA Section	% Agreement (N=26 trained observers)	
	Exact	Close
Learning Environment	80.8	96.2
Daily Routine	91.2	100.0
Adult-Child Interaction	75.6	96.1
Curriculum Planning and Assessment	79.4	99.2
Parent Involvement and Family Services	75.0	96.6
Staff Qualifications and Staff Development	76.1	97.0
Program Management	83.8	93.9
OBSERVATION ITEMS	80.8	96.9
INTERVIEW ITEMS	78.5	96.5
PQA TOTAL	79.4	96.7

The reliability of the PQA was also examined in two other ways in the Michigan School Readiness Program Evaluation. Cronbach's alpha coefficient on the PQA items was .952 for the 49 independent observations and .956 for the 642 teacher self-assessments. Correlations between independent observer ratings and self-assessments averaged .492 for the PQA as a whole. Self-ratings were generally higher than independent ratings, particularly when ratings fell in the mid-range. At the extremes, however, both groups identified many similar strengths and areas for improvement. It is not surprising that self-ratings would be inflated, especially if staff felt the scores would be used to monitor their performance relative to state standards. Nevertheless, higher correlations between independent ratings and self-ratings are desirable and would certainly make the PQA more reliable and valid as a self-assessment. Toward this

end, High/Scope is conducting statewide PQA training for all administrative and instructional staff in Michigan's at-risk preschool program. The training emphasizes the PQA's use as a formative rather than a purely summative evaluation tool. Similar training in other programs where the PQA is used as a self-assessment tool can likewise add to its value.

Validity

The PQA (or its predecessor, the PIP) has been significantly correlated with other measures of program quality and with indicators of children's development.

PQA and other program quality indicators. In the Training for Quality study, the early version of the PQA was significantly correlated overall (.86) with the Early Childhood Environment Rating Scale (ECERS; Harms & Clifford, 1980) and was also significantly correlated overall (.48) with the Arnett Global Rating Scale (Arnett, 1989). The associations were strongest in those subscales most similar in the instruments, for example, PQA Learning Environment and ECERS Furnishings were correlated at .73 and PQA Adult-Child Interaction and Arnett Sensitivity were correlated at .77.

Teachers' qualifications are also differentially related to scores on the PQA. In the early version used in Training for Quality, classroom observation ratings were significantly correlated with teachers' years of formal education (.44), amount of inservice training (.33) and years of early childhood program experience (.32). Similarly, in the Head Start Staff Development Study, PQA scores were significantly correlated with teachers' years of formal education (r=.33), number of hours of training in the program's curriculum (r=.47), and years of experience working with young children (r=.47). In both of these studies, then, program quality was positively and significantly related to teachers' education, experience, and curriculum-specific inservice training.

PQA and children's development. Studies repeatedly show that levels of program quality as measured on the PQA are positively and significantly associated with indicators of children's development. In Training for Quality, all the subscales and the total score on this program assessment were positively and significantly correlated with the language scale of the DIAL-R (Mardell-Czudnowski & Goldenberg, 1990). Concurrent correlations between program quality and child development in preschool ranged from .35 to .56. Program quality was also significantly related to several subscales on the High/Scope Child Observation Record (COR) (High/Scope Educational Research Foundation, 1992). The strongest associations were between the program's daily routine and adult-child interactions, on the one hand, and children's initiative and creative representation on the other. These significant correlations between program quality and child development ranged from .33 to .52.

Similar relationships between the PQA at preschool and children's development in kindergarten appeared in the Michigan School Readiness Program Evaluation. Nearly one-quarter (18 out of 80) of the correlations computed between the PQA and the COR proved significant. Significant correlations ranged from .33 to .65. Key program quality factors were the extent to which programs had a consistent and articulated philosophy and curriculum model, the use of funding to support staff development, and the consistency of administrative support and supervision for staff. These PQA variables were in turn related to children's initiative, social relations, language and literacy, logic and mathematics, and total COR scores. There were also

significant correlations between these same dimensions of program quality and children's development at kindergarten as rated by their teachers. Correlations between the PQA and teachers' ratings of children ranged from .40 to .48.

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PROGRAM AND RATER INFORMATION
High/Scope Program Quality Assessment (PQA)

I. PROGRAM INFORMATION

Name of agency _____

Name of center/site _____

Name of program/classroom being observed _____

Program director/administrator or contact person:

Name _____

Position/Title _____ E-mail _____

Telephone (_____) _____ ext. _____ FAX: (_____) _____

Address and phone of program/classroom being observed:

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____ ext. _____ E-mail _____

Program/classroom staff:

Name of head/lead teacher _____

Name of associate teacher _____

Name of teacher assistant or aide _____

Names of other staff and volunteers (list by name and position):

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Number of children in program/classroom _____

Age range of children in program/classroom _____

Hours program/classroom in session:

Days of week (circle all that apply): M Tu W Th F Sa Su

Time session begins each day _____ Time session ends each day _____

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II. RATER INFORMATION

Rater's name _____

Rater's agency/employer _____

Rater's position/title _____

Rater's telephone (_____) _____ ext. _____

FAX (_____) _____ E-mail _____

Date PQA completed _____

Time PQA began _____ **Time PQA ended** _____

General comments or notes about using the PQA to rate or assess this program:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Rater's signature _____

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I. Learning Environment

Classroom Observation

Instructions to rater: Circle only *one rating for each item*. Try to complete all the items. You may ask program staff (for example, teachers or early childhood specialists) for additional information to supplement what you observe.

I-A. The classroom provides a safe and healthy environment for children.

1	2	3	4	5
The classroom is crowded. The classroom is used to store nonprogram materials such as broken or unused equipment. There are safety and health hazards (e.g., broken toys, unmopped spills, unsanitary toilet facilities, flammable materials, uncovered electrical outlets, lead and other toxins). There is no first-aid kit. The room lacks adequate ventilation, lighting, or temperature control.		The classroom is crowded in some areas. There are minor safety and health problems (e.g., dirty toys or floors, wobbly furniture). Ventilation, lighting, or temperature control is sometimes inadequate.		The classroom is not crowded. It provides at least 35 square feet of space per child (divide total area by number of children). The room is free of health and safety hazards. Ventilation and lighting are adequate. A comfortable temperature is consistently maintained during the day.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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I-B. The space is divided into interest areas (for example, building or block area, house area, art area, toy area, book area, sand and water area) that address basic aspects of children's play and development.

1	2	3	4	5
No interest areas are defined, or apparent.		The space is divided into interest areas. Some interest areas are clearly defined. Some interest areas have abstract names (e.g., manipulative area, science area) not easily understood by children.		The space is divided into interest areas. All of the interest areas are defined and clearly marked (e.g., by low shelves and furniture; carpeting). Names of areas are easily understood by children (e.g. toy area, house area). Teachers and children refer to areas by name.

Supporting evidence/anecdotes:

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I-C. The location of the interest areas is carefully planned to provide for adequate space in each area, easy access between areas, and compatible activities in adjacent areas.

1	2	3	4	5
Interest areas are not defined or apparent. Children cannot move easily from one area of the room to another. Inadequate space limits the number of children who can play in one area.		Some but not all areas have enough space for many children to play at once. The location of areas or furniture inhibits the flow of traffic and play. Large furniture or room dividers sometimes block the view from one area to another.		Each interest area has enough space for many children to play at once. Children can move freely from one area to another. Low furniture and shelves allow children to see from one area to another. Areas for compatible activities are adjacent (e.g., block area is near house area; art area is near sink or bathroom).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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I-D. An outdoor play area (at or near the program site) has adequate space, equipment, and materials to support various types of play. [Note: Where extreme weather conditions or safety considerations prevent the regular use of outdoor play space, a large and open indoor space, such as a gymnasium, may be used as a substitute.]

1	2	3	4	5
There is no outdoor play area.		The space, equipment, and materials in the outdoor play area allow for limited types of outdoor play.		The outdoor play area provides at least 92 square feet of space per child. Outdoor area includes both stationary and portable equipment and materials for various types of play (e.g., tricycles, sleds, balls, climbers, stones, boxes, buckets, chalk, scarves, brushes).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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I-E. Classroom materials are systematically arranged, labeled, and accessible to children.

1	2	3	4	5
Classroom materials are not arranged by any discernible system. Materials are not labeled. Materials are out of children's reach or are typically brought out by adults.		Similar items are placed together. Some but not all areas or materials are labeled. Labels are of only one or two types. Children can reach and get out some of the materials without adult help.		Materials are grouped by function or type. Materials are labeled using a variety of formats understood by children (e.g., tracings, pictures, photographs, actual objects). Children can reach and get out (non-dangerous) materials without adult help.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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I-F. Classroom materials are varied, manipulative, open-ended, and authentic and appeal to multiple senses (sight, hearing, touch, smell, taste).

1	2	3	4	5
The classroom does not provide manipulative materials. Many materials lead to prescribed outcomes (e.g., art cut-outs, lotto games, worksheets, coloring books). Many toy replicas are included in place of "real" items. Materials do not address all the senses.		The classroom provides some manipulative materials. Open-ended materials are available in some but not all interest areas/centers of the room. Materials include some toy replicas in place of "real" items. A limited number of materials appeal to multiple senses.		The classroom provides many manipulative and open-ended materials (e.g., blocks, books, sand, water, corks, dolls, scarves, toy vehicles, paints, shells). Materials include many "real" items rather than toy replicas of these items (e.g., dog dish, firefighter boots, steering wheel, gardening tools, suitcases, briefcases, pots and pans, hammer and saw, telephone). Materials appeal to multiple senses and include both natural and manufactured materials (e.g., materials include items with hard and soft textures; snacks with many smells and tastes; objects made of wood, fabric, metal, paper, liquid).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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I-G. Materials are plentiful.

1	2	3	4	5
There is a limited quantity of materials. Multiple sets of materials are not available.		There is a moderate quantity of materials. Some multiple sets of materials are available.		Materials are plentiful. Multiple sets of materials are available so that several children can play with the same materials at the same time.

Supporting evidence/anecdotes:

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I-H. Materials reflect human diversity and the positive aspects of children's homes and community cultures.

1	2	3	4	5
Materials reflect only the dominant culture. Materials do not reflect home and community cultures or special needs of program children. Materials perpetuate cultural and gender stereotypes.		Some materials reflect home and community cultures or special needs of program children. Some materials reinforce cultural and gender stereotypes.		Many materials reflect home and community cultures and special needs of program children (e.g., photos of family members, cooking utensils, music tapes, work clothes and tools, eyeglasses). Materials depict a wide range of nonstereotyped role models. Multicultural materials are integrated into the classroom and daily routine.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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I-I. Child-initiated work (work designed and created by children) is on display. [Note: This item does not refer to designated areas of the room where information is posted for teachers and parents.]

1	2	3	4	5
Child-initiated work is not displayed. Most displays consist of adult-made or commercially produced materials (e.g., posters of tooth-brushing or fire safety). Displays of children's work consist of projects generated from adult ideas or copied from adult products.		Some child-initiated work is displayed.		A variety of child-initiated work (i.e., artwork, block structures, samples of emergent writing) is displayed. Adult-made displays stem from children's interests and experiences (e.g., pictures or photos of classroom pets or children's family members).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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Draw a diagram of the room.

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II. Daily Routine

Classroom Observation

Instructions to rater: Circle only *one rating for each item.* Try to complete all the items. You may ask program staff (for example, the teacher or early childhood specialist) for additional information to supplement what you observe.

II-A. Adults establish a consistent daily routine. Children are aware of the routine.

1	2	3	4	5
Adults and children do not follow a consistent routine. The sequence of events is usually unplanned. Children are not aware of the sequence or nature of activities and depend on adults telling them what to do next.		Adults and children sometimes follow a consistent routine. Adults sometimes refer to the names for the parts of the day. Children are somewhat aware that there is a fairly consistent daily routine.		Adults and children follow a consistent sequence of events, with set times for each part every day. Adults refer to the names for the parts of the day. Children are fully aware that there is a routine and can anticipate what activities come next (e.g., children name parts of the day, move on their own to the next activity, talk about what activity comes next).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-B. The parts of the daily routine include the following: time for children to plan; time for children to carry out their plans; time for children to recall and discuss their activities; time for children to engage in small-group activities; time for children to engage in large-group activities; snack or meal time; cleanup time; transition times; and outside time.

1	2	3	4	5
The events listed are not regular parts of each day.		Some of the events listed are regular parts of each day.		The events listed are regular parts of each day.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-C. An appropriate amount of time is allotted for each part of the daily routine.

1	2	3	4	5
Children have either too little or too much time for most of the parts of the day (e.g., not enough time to carry out child-initiated ideas; too much time to carry out adult-initiated ideas). Children often appear rushed, frustrated, bored, or impatient because of the length of a part of the day.		Children have an appropriate amount of time for some parts of the day. Children appear rushed, frustrated, bored, or impatient as they carry out the activities in some parts of the day.		Children have an appropriate amount of time for each part of the day. Children are actively engaged and appear focused as they carry out the activities in each time segment.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-D. The program has a set time during which children make plans and indicate their plans to adults.

1	2	3	4	5
There is no set time for children to make plans and indicate their plans to adults. Adults plan and direct the day's activities (e.g., adults tell children where to play, what materials to use, or what activities to complete; adults close certain areas).		Children are sometimes presented with a limited number of choices to plan from (e.g., some areas are not available after a certain number of children have chosen them). Planning times are sometimes rote or routine. Children indicate their plans in a limited number of ways.		All areas and materials are available to children for making their plans. Adults use a range of strategies to support children's planning. Children indicate plans in ways consistent with their developmental levels (e.g., by pointing, bringing objects to the planning table, moving toward the chosen area, acting out what they want to do, making drawings, making simple or detailed verbal plans).

Supporting evidence/anecdotes:

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II-E. The program has a set time (e.g., work time, choice time, center time, free play) during which children initiate activities and carry out their intentions.

1	2	3	4	5
There is no set time when children can initiate and carry out their intentions. Throughout the day, adults direct how children use materials or carry out activities (e.g., all children are expected to make the same products; all children are expected to respond to adults with the same words and actions).		During a set time, children have some opportunities to initiate activities and carry out their intentions. However, children sometimes have to stop their own activity to carry out an adult-planned activity, and children's choices about where and how materials can be used are sometimes limited.		During a set time, children initiate activities and carry out their intentions (i.e., children choose areas, people, materials, and activities; children are free to invent activities and use materials creatively; children are free to bring materials from one area to another; children are free to change activities).

Supporting evidence/anecdotes:

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II-F. The program has a set time during which children remember and review their activities and share with adults and peers what they have done.

1	2	3	4	5
There is no set time for children to recall or reflect on what they have done. Children never share what they have done with others.		Times for recalling are sometimes rote or routine. Adults present children with a limited number of ways to recall (e.g., adults always ask children, "Where did you go?" or "What did you do today?").		During times for recalling, teachers use a variety of strategies to encourage children to share their experiences. Children recall their activities in a range of ways consistent with their developmental levels (e.g., by showing, re-enacting, describing in words, or making drawings of their activities).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-G. The program has a set time for small-group activities that reflect and extend children's interests and development.

1	2	3	4	5
There is no set time for small-group activities. OR, adults direct small-group times so that children do not contribute their own ideas or participate at their own developmental levels (e.g., children are expected to use materials in the same way, follow directions, or make the same product). The children and adult(s) in each small group change each time.		During small-group times, adults give children materials to use in their own ways (e.g., adults do not indicate to children what the end product should be). Adults participate in the activities in a limited number of ways. Children and adult(s) stay with the same small group for at least 2 to 3 months.		Small-group times are planned around children's interests and geared to their developmental levels. Adults introduce the activity; children then contribute ideas and participate at their own levels (e.g., individual children explore and use materials in their own ways, trying out one another's ideas for using materials). Adults use many strategies to support and extend children's activities (e.g., they observe what children do, move from child to child, comment on what children are doing and saying, imitate and add to children's actions; use the materials themselves). Children and adult(s) stay with the same small group for at least 2 to 3 months.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-H. The program has a set time for large-group activities that reflect and extend children's interests and development.

1	2	3	4	5
There is no set time for large-group activities. OR, in directing large-group times, adults do not ask children to contribute their own ideas or participate at their own developmental levels (e.g., all children are expected to sing and move in the same way). Not all adults participate with children at large-group time.		During large-group times, children express themselves in open-ended ways (e.g., children add novel words and actions to traditional songs and activities). Children contribute ideas in a limited range of ways; adults use a limited range of strategies to support children's activities. All adults participate with children at large-group time.		Large-group times are planned around children's interests and geared to their developmental levels. Adults introduce the activity; children then contribute ideas and participate at their own levels (e.g., individual children move in their own ways, try out one another's ideas for singing and moving, and take turns leading others). Adults use many strategies to support and extend children's activities (e.g., adults watch and listen to children, imitate and add to children's ideas for words and actions, assume children's physical level). All adults participate with children at large-group time.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-I. During transition times, children have reasonable choices about activities and timing as they move from one activity to the next.

1	2	3	4	5
Children do not have choices at transition times. Adults require children to stop what they are doing and wait as a group until everyone is ready for the next activity (e.g., everyone must clean up before starting large-group time; everyone must line up at the same time to go to the bathroom).		Children have limited choices at transition times. Adults sometimes warn children before transitions (e.g., "Five more minutes until cleanup"). Children sometimes have the option of finishing the previous activity or moving on to the next activity without the rest of the group.		Children make choices during transition times (e.g., how to move from one part of the room to another, which person to travel with). Adults let children know transitions are coming. Parts of the day overlap; children have the option of finishing the previous activity or moving to the next activity without the rest of the group (e.g., not all children have to finish snack before the next activity begins). Adults plan ways for children to make transitions (e.g., choosing the next children to make the transition according to some characteristic of their clothing: "Now all children wearing sweat pants jump to the coat rack").

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-J. The program has a set cleanup time with reasonable expectations and choices for children.

1	2	3	4	5
There is no set time for cleanup. Adults do cleanup. Children have to stop what they are doing when adults decide it is time to clean up.		Children are involved in some aspects of cleanup. Adults sometimes redo or improve on cleanup without involving children (allowable exceptions are health or safety hazards). Children have limited choices during cleanup time. Adults sometimes direct children in what and how to clean up. Children are sometimes allowed to finish what they are doing before cleaning up.		Children are involved in cleanup. Adults accept children's level of involvement and skill at cleanup. Children have choices during cleanup (e.g., what to clean up first, where to work). Children are given a reasonable amount of time to finish what they are doing before cleaning up. Adults support children's learning during cleanup time (e.g., by talking about what children are doing).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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II-K. The program has a set snack time or meal time that encourages social interaction.*

1	2	3	4	5
There is no set time for a snack or a meal. Adults tell children how and what they can eat (e.g., children cannot eat their fruit until after they eat their vegetables). Adults do not eat with children. Adults do not interact with children at snack time or meal time.		Children have limited choices at snack time or meal time. Children sometimes do things for themselves at this time. Adults sometimes eat with children. Adults sometimes interact with children at snack time or meal time.		Children have choices at snack time or meal time (e.g., whether to eat, what to eat, how much to eat, whom to sit next to). Children do things for themselves at this time (e.g., pour the juice, distribute the napkins). Adults eat with children. Adults interact with children at snack time or meal time (e.g., adults listen to children, and participate in their conversations).

❑ * **NOT APPLICABLE.** (Check here if the length of the program is too short to include a snack time or meal time.)

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported*

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II-L. The program has a set outside time during which children engage in a variety of physical activities. [Note: Where extreme weather conditions or safety considerations prevent the regular use of outdoor play space, a large and open indoor space, such as a gymnasium, may be used as a substitute.]

1	2	3	4	5
There is no set time for outside activities. OR, during outside time, adults watch children but do not interact with them. Adults use outside time to socialize with one another.		During outside time, children play in a limited number of ways. Children have a limited choice of stationary and portable equipment and materials. Adults use a limited range of strategies to support children's outdoor play and learning.		During outside time, children play in a variety of ways (e.g., climbing, running, jumping, riding, sliding, hopping, swinging, digging, molding, pouring, sorting, arranging, pretending). Children use a variety of stationary and portable outdoor equipment and materials. Adults use a variety of strategies to support children's outdoor play and learning (e.g., adults provide materials and equipment, participate in children's play, imitate or build on children's actions).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported*

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Complete the information in the two columns below.

Posted Daily Routine	Actual Daily Routine

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III. Adult-Child Interaction

Classroom Observation

Instructions to rater: Circle only *one rating for each item*. Try to complete all the items. You may ask program staff (for example, the teacher or early childhood specialist) for additional information to supplement what you observe.

III-A. Children's basic physical needs are met.

1	2	3	4	5
Nutritious food is not provided. Denial of food is used as a form of control or punishment. Children are told to sleep instead of being offered other rest options. Children must delay using the toilet until scheduled times. Wet or soiled clothing is not changed promptly. Injuries and illnesses are not attended to promptly.		Nutritious food is sometimes provided. Denial of food is sometimes used as a form of control or punishment. Children are sometimes given choices of quiet activities at rest time. Children must sometimes delay using the toilet until scheduled times. Wet or soiled clothing is sometimes changed promptly. Injuries and illnesses are sometimes attended to promptly.		Nutritious food is provided. Denial of food is never used as a form of control or punishment. Children are given choices of quiet activities at rest time. Children use the toilet as needed. Wet or soiled clothing is changed promptly. Injuries and illnesses are attended to promptly.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-B. Children's separation from home and daily entry to the program are handled with sensitivity and respect.

1	2	3	4	5
Children are rushed into separating from their parents/guardians. Children are ridiculed or shamed for crying or being reluctant to separate (e.g., child is told to be a "big" boy or girl; objects from home are taken away). Children are forced to enter into activities before they are ready. Parents/guardians are not allowed to stay.		Adults sometimes give children time and opportunity to separate from parents/guardians. At the beginning of the day, adults give children a limited amount of time to cope with separating before pushing them to enter program activities. Parents/guardians are allowed to stay for a limited amount of time.		Adults help children separate from parents/guardians (e.g., children are encouraged to stand at the window, say or wave goodbye, carry family pictures or objects from home). Adults acknowledge children's feelings about separation. At the beginning of the day, children enter play at their own pace. Parents/guardians are encouraged to stay until children are ready for them to leave.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-C. Adults create a warm and caring atmosphere for children.

1	2	3	4	5
Instead of focusing on children, adults primarily talk to one another or maintain the classroom. Adults talk to one another about children in front of children; adults use shouting, shaming, or harsh words or actions (e.g., yelling, shaking, grabbing); adults do not attend to children who appear upset; children do not go to adults when they are upset.		Adults sometimes show positive attention to children. Adults sometimes interact harshly or inappropriately with children. Adults sometimes attend to children who are upset. Children sometimes go to adults when they are upset.		Adults show positive attention to children (e.g., smiling, hugging, using a calm voice, making eye contact; getting down to child's level). Adults attend to children who are upset. Children go to adults for help, comfort, and guidance. Children call adults by name.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-D. Adults use a variety of strategies to encourage and support child language and communication.

1	2	3	4	5
Adults control or disrupt conversations with children by lecturing to or quizzing them. Adults often question children, asking many leading questions with predetermined correct answers (e.g., "What color is this circle?"). Children are often told to be quiet so they can listen to adults or follow directions.		Adults sometimes direct conversations with children. Adults sometimes offer comments, observations, and acknowledgments when children talk. Adults sometimes dominate or cut off conversations by asking too many questions.		Adults share control of conversations with children. Adults observe and listen to children before and during conversations with children. To further the conversation, adults offer a balance of comments, observations, and acknowledgments and seek children's ideas. Adults ask children questions sparingly, avoiding questions that call for predetermined answers or that redirect or cut off the conversation.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-E. Adults use a variety of strategies to support classroom communication with children whose primary language is not English.*

1	2	3	4	5
Adults do not support classroom communication with children whose primary language is not English.		Adults use a limited range of strategies to support communication with children whose primary language is not English.		Adults use many strategies to support communication with children whose primary language is not English (e.g., adults use gestures to convey ideas, use photos or other symbols to represent actions and objects, describe materials and activities in both languages, repeat children's non-English words in English).

❑ * **NOT APPLICABLE** (Check here if all the children speak English as their primary language.)

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-F. Adults participate as partners in children's play.

1	2	3	4	5
Adults do not participate in children's play. OR, adults attempt to dominate children's play (e.g., by redirecting play around adult ideas, telling children what to play with or how to play).		Adults sometimes participate in children's play, using a limited number of strategies. Adults' participation in play is sometimes guided by their own agendas. Adults sometimes interrupt and attempt to redirect or take control of children's play.		Adults use a variety of strategies as co-players in children's play (e.g., adults observe and listen before and after entering children's play; assume roles as suggested by children; follow the children's cues about the content and direction of play; imitate children; match the complexity of their play; offer suggestions for extending play, staying within the children's play theme).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported*

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III-G. Adults encourage children's initiatives throughout the day.

1	2	3	4	5
Adults do not encourage children's initiatives. Adults impose their own ideas of what children should be learning and doing.		Adults sometimes encourage children's initiatives. Adults sometimes impose their own ideas of what children should be learning and doing.		Adults encourage children's ideas, suggestions, and efforts by listening to children, encouraging children to talk about what they are doing, trying out and imitating children's ideas, using children's words, and commenting specifically on children's work.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-H. Adults provide opportunities for children to explore and use materials at their own developmental level and pace.

1	2	3	4	5
Adults expect children to explore and use materials in the same ways as their peers (e.g., the adult holds up letters, colors, or shapes, and expects all children to identify them; all children must make a product in the same way).		Adults sometimes expect children to explore and use materials in the same ways as their peers. Adults sometimes discourage children from using materials in unexpected ways or from repeating activities.		Adults encourage children to explore and use materials at their own developmental level and pace. Adults encourage children to use materials in their own individual ways. Adults support children when they choose to repeat an activity.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-I. Adults acknowledge individual children's accomplishments.

1	2	3	4	5
Adults do not acknowledge individual children's accomplishments. Adults use praise to acknowledge the accomplishments of the group as a whole (e.g., "Everybody did a great job cleaning up!").		Adults sometimes acknowledge individual children's accomplishments. Adults sometimes use praise to acknowledge individual children's efforts and ideas (e.g., "Good job!" or "I like the way you are stacking those blocks"). Adults sometimes pass out tokens, stickers, or other rewards.		Adults acknowledge individual children's accomplishments. Adults use encouragement instead of praise to acknowledge individual children's efforts and ideas (e.g., repeating children's ideas, commenting on what children are doing).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-J. Adults encourage children to interact with and turn to one another for assistance throughout the day.

1	2	3	4	5
Adults do not encourage children to interact with one another. OR, adults actively discourage such interactions (e.g., telling children to do their own work, not to talk to one another during meals or story time).		Adults sometimes encourage children to interact with one another; adults sometimes push children to play cooperatively (e.g., making rules about sharing or taking turns; telling children to cooperate or be friends).		Adults encourage children to interact with one another in ways appropriate to their developmental levels; adults find many opportunities to refer children to one another; adults look for and support children's spontaneous cooperative efforts.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported*

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III-K. Children have opportunities to solve problems and act independently.

1	2	3	4	5
Adults solve problems for children (e.g., wiping up spills; getting a stack of blocks to balance). Adults do not let children do things for themselves (e.g., get dressed, pour juice, change the paper on the easel).		Adults sometimes solve problems for children. Adults sometimes let children do things for themselves but become impatient if children are slow in solving the problem or do not arrive at the solution the adult has in mind.		Adults encourage children to solve problems. Adults allow time for children to do things for themselves. Adults support children's solutions.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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III-L. Children participate in resolving conflicts.

1	2	3	4	5
Adults solve social conflicts for children (e.g., adults use time-outs, take away objects, or stop activities to end the conflict without resolving it). Adults do not converse with children about how or why they can resolve conflicts.		Adults sometimes impose their own ideas about how and why conflicts should be resolved. In conflict situations, adults initially involve children in the problem-solving process but then impose a solution on children. Adults use a limited number of problem-solving strategies.		Adults and children work together to resolve conflicts, using a problem-solving approach. Adults use these steps to mediate conflicts: approach children calmly, acknowledge children's feelings, gather information from the children (what happened, what made the child upset), restate the problem, ask the children for solutions, wait for and support children's decisions.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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IV. Curriculum Planning & Assessment

Teacher Interview

Instructions to rater: Circle only *one rating for each item.* Try to complete all the items. If the teacher cannot answer one or more of the questions but knows another individual in the program who can (for example, the early childhood specialist or director), it is acceptable to use information from the other person to complete the rating.

IV-A. Staff use a comprehensive and documented curriculum model or educational approach to guide teaching practices.

1	2	3	4	5
Staff do not use an identifiable educational model or approach. Teaching is not based on theory, research, or proven practices. There is no written statement providing a rationale for program practices and child development goals.		Staff sometimes use one or more identifiable educational models or approaches. Some components of the approach are documented. Some components of the approach are based on theory, research, and proven practice. A written statement provides some rationale for program practices and child development goals.		Staff consistently use one comprehensive educational model or approach. The components of the approach are documented. The approach is based on theory, research, and proven practice. A written statement provides a rationale for program practices and child development goals.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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IV-B. Staff use a team-teaching model and share responsibilities for planning and implementing program activities.

1	2	3	4	5
Staff do not have regularly scheduled planning sessions. The head/lead teacher plans and conducts all activities. Assistants and aides play minor non-teaching roles (e.g., wipe tables, prepare materials).		Staff meet once or twice a week to plan for children. The head/lead teacher plans and conducts most of the activities. Assistants and aides sometimes work with children.		Staff meet daily to discuss and make plans for the next day. Teaching team members participate equally in planning and conducting activities with children throughout the day.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

IV-C. Staff maintain records on children and families, including the following data on each child: name, birthdate, name of parent or guardian, home address and phone number, child immunization records, health and disability status, accident reports, assessment of child's progress, home visit documentation, parent/teacher conference documentation, family goals, treatment referrals and follow-up.

1	2	3	4	5
Staff do not maintain systematic records on children and families in the program.		Staff maintain some records but they are not systematic or complete.		Staff maintain systematic and complete records on children and families in the program.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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IV-D. Staff record and discuss anecdotal notes as the basis for planning for individual children.

1	2	3	4	5
Staff do not record anecdotal notes about children. Staff do not use anecdotal notes to plan for individual children.		Staff sometimes record anecdotal notes about children. Notes sometimes include subjective judgments. Notes sometimes focus on children's negative behaviors/deficits. Staff sometimes use anecdotal notes to plan for individual children. Staff sometimes share anecdotal information with parents.		Staff record and discuss anecdotal notes about children daily. Notes objectively reflect what children are doing and saying throughout the day. Staff use anecdotal notes to plan for individual children and share anecdotal information with parents.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

IV-E. Staff regularly use a child observation measure of proven reliability and validity to assess children's developmental progress.

1	2	3	4	5
Staff do not use a child observation measure to assess children's developmental progress.		Staff use a child observation measure once a year to assess children's developmental progress. The measure is of unknown reliability and validity.		Staff use a child observation measure twice a year or more often to assess children's developmental progress. The measure is of proven reliability and validity (e.g., the *High/Scope Child Observation Record*).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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V. Parent Involvement & Family Services

Teacher Interview

Instructions to rater: Circle only *one rating for each item.* Try to complete all the items. If the teacher cannot answer one or more of the questions but knows another individual in the program who can (for example, the parent involvement coordinator), it is acceptable to use the information from the other person to complete the rating.

V-A. The program provides a variety of opportunities for parents to become involved in the program.

1	2	3	4	5
There are no activities or materials to help parents become involved in the program.		The program provides some parent-oriented activities or materials to help parents become involved in the program.		There are many parent involvement options consistent with a variety of parent interests and time constraints (e.g., parents may volunteer in the classroom, bring in materials, attend parent meetings and workshops, serve on parent advisory councils, meet with teachers to discuss children's progress, support children's learning at home, read or contribute to a parent newsletter). The program encourages parent participation by providing child care and transportation as needed.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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V-B. Parents are represented on program advisory and/or policymaking committees.

1	2	3	4	5
There are no program advisory or policymaking committees. OR, parents are not represented on program advisory or policymaking committee(s).		Parents have limited representation on program advisory or policymaking committee(s). Parents rarely speak up or vote on program policies.		Parents have full representation on program advisory and policymaking committee(s). Parents attend meetings and have a say in establishing program policies.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

V-C. Parents are encouraged to participate in program activities with children.

1	2	3	4	5
Parents are not encouraged to volunteer in the classroom, go on field trips, or participate in other activities with children (e.g., parents are not allowed beyond a certain point when they drop off or pick up children; there is no welcoming area for parents; there is no sign-up list for parents to volunteer).		Parents are sometimes invited or encouraged to participate in a limited number of activities with children (e.g., parents volunteer in the classroom but perform primarily custodial roles).		Parents are often invited or encouraged to participate in a variety of activities with children (e.g., parents volunteer in the classroom and play an active role in the day's activities, special events, and field trips; parents bring in recyclables and help to make play materials).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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V-D. Staff and parents exchange information about the curriculum and children's development.

1	2	3	4	5
Staff and parents do not exchange information about the curriculum and children's development.		Staff provide parents with information about the curriculum and children's development (e.g., an information packet is given or mailed to parents; staff tell parents how the program works).		Staff and parents exchange information about the curriculum and children's development (e.g., staff send regular mailings or newsletters about the program and invite parent reactions, staff and parents interact during program workshops, staff and parents exchange frequent informal comments about activities, staff invite observations and answer questions from parents about the program).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

V-E. Staff and parents interact informally to share information about the day's activities and children's experiences.

1	2	3	4	5
Staff and parents do not interact informally.		Staff and parents sometimes interact informally.		Staff and parents frequently interact informally to update each other about the child's recent experiences (e.g., conversing during drop-off and pick-up times, bringing in or sending home things the child has made, sending notes, making calls).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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V-F. Staff and parents share information about how to promote and extend children's learning and social development at home.

1	2	3	4	5
Staff and parents do not exchange ideas or materials to support children's learning and social development at home.		Staff and parents exchange limited ideas or materials to support children's learning and social development at home.		Staff and parents exchange many ideas or materials to support children's learning and social development at home (e.g., ideas or materials that might pertain to the educational potential of ordinary household objects, how everyday family activities can be social learning experiences, or ways to promote language development).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

V-G. Staff members schedule home visits and formal parent conferences to share information with parents and seek input from parents about the program and their children's development. [Note: Do not count meetings that are specially called by teachers or parents because of problems in the program.]

1	2	3	4	5
Staff do not conduct home visits or schedule conferences with each child's parent/guardian.		Staff conduct one home visit per year and schedule one conference with each child's parent/guardian.		Staff conduct two or more home visits per year and schedule two or more conferences with each child's parent/guardian; staff use visits/conferences to share information and seek input from parents about the program and children's development.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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V-H. The program or its host agency provides diagnostic and special education services for special needs children. [Note: Services may be provided directly or through referral to other community agencies.]

1	2	3	4	5
Children are neither provided with nor referred for diagnostic and special education services.		Children are provided with/referred for diagnostic and special education services in some areas of development but not in others.		Children are provided with/referred for diagnostic and/or special education services as needed for suspected or diagnosed disabilities in speech, language, physical, visual, audiological, and social development (and in other areas as needed).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

V-I. Staff provide parents with referrals and access to supportive services as needed.

1	2	3	4	5
Staff are not aware of family needs or available community resources.		Staff have some knowledge of family needs and community resources. Staff sometimes make referrals and assist families in obtaining needed services.		Staff are familiar with both family needs and resources available in the community. Staff refer parents to services as needed. Staff facilitate access to services (e.g., brochures and other information are readily available to parents; staff keep lists of local service providers; staff attend community service workshops; staff help families find child care or transportation so they can use community resources).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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V-J. Program activities are coordinated with community agencies and the public schools to facilitate the delivery of services to families and children's transition to kindergarten.

1	2	3	4	5
Program activities are not coordinated with community agencies and the public schools.		Program activities are sometimes coordinated with community agencies and the public schools.		Program activities are regularly coordinated with community agencies and the public schools (e.g., by mutual referrals, telephone and written contacts, staff participation on community advisory boards, exchanges of information about program goals and activities).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VI. Staff Qualifications & Staff Development

Director Interview

Instructions to rater: Circle only *one rating for each item.* Try to complete all the items. If the director cannot answer one or more of the questions but knows another individual in the program who can (for example, the early childhood specialist), it is acceptable to use information from the other person to complete the rating.

VI-A. The program director has the appropriate education and training.

1	2	3	4	5
The program director has neither a bachelor's degree nor coursework or training in a field relevant to early childhood education or child development.		The program director has a bachelor's degree in any field and some coursework or training in a field relevant to early childhood education or child development.		The program director has a graduate degree in early childhood education or child development as well as coursework or training in such areas as curriculum development and evaluation, program management, and staff development.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VI-B. The program director has many years of relevant job experience, such as working with young children in a group setting, program planning and implementation, program evaluation, supervision and staff development, and program management.

1	2	3	4	5
The program director has less than one year of relevant job experience.		The program director has 2–4 years of relevant job experience.		The program director has 5 or more years of relevant job experience.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VI-C. Instructional staff have the appropriate education and training. Teachers have a bachelor's degree or higher in early childhood education, child development, or a related field. Assistants, aides, and paraprofessionals have an associate's degree, CDA, or comparable early childhood certification.

1	2	3	4	5
None of the instructional staff have the appropriate education and training.		Half of the instructional staff have the appropriate education and training.		All of the instructional staff have the appropriate education and training.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VI-D. Head/lead teachers have many years of relevant job experience including such activities as planning and implementing developmentally appropriate activities for young children, observing and evaluating young children, mentoring and coordination of instructional and support staff.

1	2	3	4	5
Head/lead teachers average less than one year of relevant job experience.		Head/lead teachers average 2–4 years of relevant job experience.		Head/lead teachers average 5 or more years of relevant job experience.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VI-E. Staff regularly conduct program assessment to monitor classroom practices, planning and evaluation procedures, and parent involvement activities. They systematically use the results of the assessment to identify inservice training needs and activities.

1	2	3	4	5
Staff do not conduct a program assessment. There is no systematic procedure to identify inservice training needs and activities.		Staff sometimes conduct a program assessment. The program assessment covers some of the areas listed. The results of the assessment are sometimes used to identify inservice training needs and activities.		Staff regularly conduct a program assessment. The program assessment covers all of the areas listed. The results of the assessment are systematically used to identify inservice training needs and activities.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VI-F. All staff (administrative, instructional, and support) participate regularly in ongoing professional development activities such as inservice training, professional workshops, compiling or consulting a resource library, college-level courses and seminars, teacher exchanges, observation, mentoring and coaching.

1	2	3	4	5
None of the staff participate in professional development activities.		All staff participate in 2–3 professional development activities per year.		All staff participate in 5 or more professional development activities per year.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VI-G. Inservice training covers topics specific to early childhood development and early childhood program practices.

1	2	3	4	5
Staff do not participate in ongoing inservice training. OR, training topics are not specific to early childhood development and early childhood program practices.		Training topics are sometimes specific to early childhood development and early childhood program practices.		Training consistently addresses topics specific to early childhood development and early childhood program practices (e.g., social development in preschoolers, how to implement an effective small-group time, promoting family literacy).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VI-H. Inservice training is based on a consistent curriculum model that combines both theory and practice.

1	2	3	4	5
Staff do not participate in ongoing inservice training. OR, training is not based on any curriculum model.		Training offers theory without practical application or practical techniques that are not supported by a theoretical framework.		Training gives teachers both a theoretical framework for understanding children's development and practical implementation strategies.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VI-I. Inservice training is conducted by individual(s) (such as trainers, consultants, curriculum specialists, supervisors, or educational coordinators) who provide continuity and consistency in an ongoing training process.

1	2	3	4	5
Staff do not participate in ongoing inservice training. The agency does not make provisions for training.		Training is conducted by a series of independent outside experts. Staff do not have ongoing relationships with the trainer(s).		Staff have ongoing relationships with the same trainer(s). Trainer(s) help staff to build upon their cumulative knowledge.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VI-J. Inservice training involves active, participatory, hands-on learning by adults.

1	2	3	4	5
Staff do not participate in ongoing inservice training. The agency does not make provisions for training.		Training sessions are primarily trainer-directed lectures. Staff listen, but they do not practice the material firsthand during workshops and seminars.		Training sessions involve active participation by staff members. Training involves hands-on workshops, group discussions, and practice activities.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VI-K. Inservice training provides opportunities for reflection and sharing among staff members.

1	2	3	4	5
Staff do not participate in ongoing inservice training. The agency does not make provisions for training.		Staff occasionally have opportunities to think about what they are doing or share experiences, but such opportunities are not provided regularly or seen as integral to training.		Staff are regularly encouraged to think about what they are doing and to share their experiences. Reflection and sharing are seen as important and integral parts of training.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VI-L. Instructional staff are regularly observed in the program setting and provided with feedback by someone familiar with the curriculum's goals, objectives, and methods for working with children.

1	2	3	4	5
Instructional staff are not observed and evaluated. OR, the person observing and evaluating is unfamiliar with the curriculum.		Instructional staff are observed and evaluated by someone familiar with the curriculum but do not participate in the evaluation process or receive feedback or suggestions about their performance.		Instructional staff are observed and given feedback by someone familiar with the curriculum. The staff and observer discuss ways to improve the quality of the program based on the curriculum.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported*

VI-M. Supplementary staff (e.g., cook, bus driver, secretary) and volunteers are screened, oriented/trained, assigned appropriate duties, and supervised.

1	2	3	4	5
Supplementary staff and volunteers are not screened, trained, assigned appropriate duties, or supervised.		Supplementary staff and volunteers are sometimes screened, trained, assigned appropriate duties, and supervised.		Supplementary staff and volunteers are screened, trained, assigned appropriate duties, and supervised.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported*

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VI-N. The director and teachers are affiliated with a local, state, and/or national early childhood professional organization.

1	2	3	4	5
The director and teachers are not members of an early childhood professional organization.		The director and some of the teachers are members of an early childhood professional organization; they occasionally attend meetings of the organization.		The director and all of the teachers are active members of an early childhood professional organization; they regularly attend meetings of the organization.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VII. Program Management

Director Interview

Instructions to rater: Circle only *one rating for each item*. Try to complete all the items. If the director cannot answer one or more of the questions but knows another individual in the program who has the information (for example, the early childhood specialist or fiscal officer), it is acceptable to use information from the other person to complete the rating.

VII-A. Based on enrollment, classroom(s) have staffing ratio(s) of no more than 8 children per classroom adult. [Note: "Classroom adult" refers to paid staff who work directly with children.]

1	2	3	4	5
There are more than 10 children per classroom adult.		There are 10 children per classroom adult.		There are no more than 8 children per classroom adult.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VII-B. There is continuity in the instructional staff.

1	2	3	4	5
Staff turnover is high at 40% or more in the past 12 months.		Staff turnover is moderate at 20%–30% in the past 12 months.		Staff turnover is low at 10% or less in the past 12 months.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VII-C. The program has a child recruitment and enrollment plan.

1	2	3	4	5
The program has no child recruitment and enrollment plan. Children are recruited at random. There is evidence that eligible children are excluded from participation based on individual or family background factors. No effort is made to make program information available as needed to persons who speak other languages or who have disabilities.		The program has a partially developed child recruitment and enrollment plan. Eligible children are not excluded on the basis of individual or family background factors. Limited efforts are made to make program information available as needed to persons who speak other languages or who have disabilities.		The program has a fully developed child recruitment and enrollment plan that includes procedures for screening, selection, and placement. Eligible children are not excluded on the basis of ethnicity, religion, sex, disability, or SES. A variety of efforts are made to make program information available as needed to persons who speak other languages or who have disabilities (e.g., parent handbook translated or printed in large type).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VII-D. The program has a child attendance policy.

1	2	3	4	5
There is no attendance policy.		There is an attendance policy, but it is not always implemented. Not all staff and families are familiar with the attendance policy.		The attendance policy is known by staff and parents and is consistently implemented. The policy identifies appropriate times for exclusion (i.e., short-term injury or contagious illness that endangers health or safety of child or others).

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VII-E. The program has a confidentiality policy for children, families, and staff.

1	2	3	4	5
There is no confidentiality policy.		There is a confidentiality policy but it is not always followed. Not all staff and families are familiar with the confidentiality policy.		The confidentiality policy insures that child and family records will not be disclosed without written consent of parents or legal guardians, except as needed when child abuse or neglect is a concern. Confidential information is shared only with staff members who need the information to perform their jobs. Personnel records are not disclosed without staff members' written consent. Families and staff have the right to examine their own records. Families and staff are familiar with the confidentiality policy.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VII-F. The program is accessible to those with disabilities.

1	2	3	4	5
Program facilities present barriers to persons with disabilities (e.g., lack of handicapped parking spaces, ramps, or bathroom facilities). There are no plans to make the facility barrier-free.		There is some effort to accommodate persons with disabilities, but barriers are still evident. There are specific plans to make the facility barrier-free.		Program facilities are barrier-free and accessible to persons with disabilities. Facilities (e.g., ramps, wide doors, accessible shelving) can meet a variety of special needs.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VII-G. Funds are adequate to maintain a safe and well-equipped classroom

1	2	3	4	5
Funds are not adequate to correct unsafe conditions or to alleviate shortages of equipment and supplies.		Funds are adequate to provide for some but not all aspects of safety, equipment, and supplies.		Funds are adequate to keep the classroom safe and well supplied with instructional equipment and materials.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VII-H. Funds are adequate to employ staff with appropriate training and experience. [Note: "Staff" means paid adults who have responsibilities related to children and families.]

1	2	3	4	5
Funds are not adequate to attract and employ qualified staff at all levels.		Funds are adequate to attract and employ qualified staff at some but not all levels.		Funds are adequate to attract and employ qualified staff at all levels. Funding provides salaries/wages and benefits commensurate with those of other local K–12 district or agency staff.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

VII-I. Funds are adequate to cover authorized expenses to support staff development such as workshop and conference registration fees, transportation, per diem costs, and substitute teachers.

1	2	3	4	5
Staff development funds are not adequate to pay authorized expenses for staff.		Staff development funds are adequate to pay authorized expenses for some staff.		Staff development funds are adequate to pay authorized expenses for all staff.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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VII-J. Funds are adequate to support parent involvement and family-oriented activities such as child care during meetings, materials and refreshments for special events, and publication and distribution of parent education and other resource materials.

1	2	3	4	5
Funds are not adequate to cover any of the expenses associated with parent involvement and family-oriented activities.		Funds are adequate to cover some of the expenses associated with parent involvement and family-oriented activities.		Funds are adequate to cover all of the expenses associated with parent involvement and family-oriented activities.

Supporting evidence/anecdotes:

❑ *Check here if not observed or reported.*

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High/Scope Program Quality Assessment (PQA): SUMMARY SHEET

Teacher's Name _____ Program Name _____

Rater's Name _____ Date of Assessment _____

Enter the numerical rating (1, 2, 3, 4, or 5) for each item. If an item was not rated, enter "NR."

I. LEARNING ENVIRONMENT
A. Safe and healthy environment _____
B. Defined interest areas _____
C. Logically located interest areas _____
D. Outdoor space, equipment, materials _____
E. Organization and labeling of materials _____
F. Varied and open-ended materials _____
G. Plentiful materials _____
H. Diversity-related materials _____
I. Displays of child-initiated work _____

II. DAILY ROUTINE
A. Consistent daily routine _____
B. Parts of the day _____
C. Appropriate time for each part of the day _____
D. Time for child planning _____
E. Time for child-initiated activities _____
F. Time for child recall _____
G. Small-group time _____
H. Large-group time _____
I. Choices during transition times _____
J. Cleanup time with reasonable choices _____
K. Interaction during snack or meal times _____
L. Outside time _____

III. ADULT-CHILD INTERACTION
A. Meeting basic physical needs _____
B. Handling separation from home _____
C. Warm and caring atmosphere _____
D. Support for child communication _____
E. Support for non-English speakers _____
F. Adults as partners in play _____
G. Encouragement of child initiatives _____
H. Opportunities for child explorations _____
I. Acknowledgment of child efforts _____
J. Encouragement for peer interactions _____
K. Independent problem-solving _____
L. Conflict resolution by children _____

IV. CURRICULUM PLANNING AND ASSESSMENT
A. Curriculum model _____
B. Team teaching _____
C. Comprehensive child records _____
D. Anecdotal note-taking by staff _____
E. Use of child observation measure _____

V. PARENT INVOLVEMENT AND FAMILY SERVICES
A. Opportunities for involvement _____
B. Parents on policy-making committees _____
C. Parent participation in child activities _____
D. Sharing of curriculum information _____
E. Staff-parent informal interactions _____
F. Extending learning at home _____
G. Formal meetings with parents _____
H. Diagnostic/special education services _____
I. Service referrals as needed _____
J. Transition to kindergarten _____

VI. STAFF QUALIFICATIONS AND STAFF DEVELOPMENT
A. Program director's education _____
B. Program director's experience _____
C. Instructional staff's education _____
D. Head teacher's experience _____
E. Assessment to identify training needs _____
F. Ongoing professional development _____
G. Inservice specific to child development _____
H. Inservice combining theory and practice _____
I. Continuity of trainer _____
J. Participatory, hands-on inservice _____
K. Opportunities for reflection and sharing _____
L. Observation and feedback _____
M. Supervision of supplementary staff _____
N. Professional organization affiliation _____

VII. PROGRAM MANAGEMENT
A. No more than 8 children per adult _____
B. Continuity in instructional staff _____
C. Recruitment and enrollment plan _____
D. Attendance policy _____
E. Confidentiality policy _____
F. Accessibility for those with disabilities _____
G. Funds to equip and maintain classroom _____
H. Funds to hire appropriate staff _____
I. Funds to support staff development _____
J. Funds to support parent involvement _____

NUMBER OF ITEMS NOT RATED _____

NUMBER OF ITEMS RATED
(72 minus number not rated) _____

TOTAL PQA SCORE _____

AVERAGE PQA SCORE
(total score divided by number of items rated) _____

SUMMARY

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